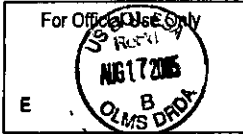


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>9322</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Bruce</u> <u>Madiar</u>  P O Box, Bldg, Room No, if any  Street <u>2525 W Lexington</u>  City <u>Broadview</u>  State <u>Illinois</u> ZIP Code + 4 <u>60155</u>	4 Name, file number, and address of labor organization Name <u>Iron Workers Local 63 Union</u>  Labor Organization File Number <u>022-678</u>  P O Box, Building and Room Number, if any  Street <u>2525 W Lexington</u>  City <u>Broadview</u>  State <u>Illinois</u> ZIP Code + 4 <u>60153</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income          7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Bruce Madiar</u>	On <u>8/12/05</u> Date	<u>1-708-344-7727</u> Telephone Number

Name of Person Filing <b>Bruce Madiar</b>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b> Name <u>OBA Midwest Ltd</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any <u>Suite 200</u> Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>Illinois</u> ZIP Code + 4 <u>60527</u>	<b>9 Business deals with</b> a Labor Organization _____ <input checked="" type="checkbox"/> b Trust c Employer _____
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <u>Local 63 Welfare and Pension Funds</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>Illinois</u> ZIP Code + 4 <u>60527</u>	<b>11 a Nature of such dealing</b> <u>OBA provides third-party administration to the Funds</u> <b>11 b Approximate dollar value of such dealing</b> <u>\$170,000</u> <b>12 a Nature of interest held or income received</b> <u>At the Board of Trustees meetings held on March 11, 2004 and December 9, 2004, the third-party administrator paid for the meals and drinks</u> <b>12 b Amount</b> <u>\$174</u>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> _____ _____ _____
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> _____

Name of Person Filing Bruce Madiar

File Number U-

Part B Continuation Page

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8 Name and address of Business (including trade name, if any)

Name Mid America Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2350 E 170th Street

City Lansing

State Illinois

ZIP Code + 4 60438

9 Business deals with

☒ a Labor Organization

b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Local 63 is a contributing employer to the Mid America Pension Fund I am a trustee on the Mid America Pension Fund

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Meals provided at 11 Board of Trustees and committee meetings - \$491

12 b Amount

\$491

Name of Person Filing Bruce Madiar	File Number U-
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**Part B Continuation Page**

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<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name Lehman Brothers Asset Management</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street 200 South Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name Mid America Pension Fund</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street 2350 E 170th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p><b>11 a Nature of such dealing</b></p> <p>Lehman Brothers provides investment management services to the Mid America Pension Fund I am a trustee on the Mid America Pension Fund</p> <hr/> <p><b>11 b Approximate dollar value of such dealing</b> \$80,000</p> <hr/> <p><b>12 a Nature of interest held or income received</b></p> <p>Attendance at dinner meeting for the Board of Trustees in New Orleans</p> <hr/> <p><b>12 b Amount</b> \$100</p>

## Part B Continuation Page

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<b>8 Name and address of Business (including trade name, if any)</b>  Name Mid America Pension Fund  Trade Name, if any  P O Box, Bldg, Room No, if any  Street 2350 E 170th Street  City Lansing  State Illinois ZIP Code + 4 60438	<b>9 Business deals with</b>  <input checked="" type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	<b>11 a Nature of such dealing</b>  Local 63 is a contributing employer to the Mid America Pension Fund I am a trustee on the Mid America Pension Fund  <b>11 b Approximate dollar value of such dealing</b> \$0
	<b>12 a Nature of interest held or income received</b>  Loss-of-time wages - \$775, attendance at the International Foundation seminar in New Orleans - airfare, hotel and meals - \$1,647  <b>12 b Amount</b> \$2,422

## Part B Continuation Page

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<b>8 Name and address of Business (including trade name, if any)</b>  Name Segal Company  Trade Name, if any  P O Box, Bldg, Room No, if any Suite 500  Street 101 North Wacker Drive  City Chicago  State Illinois ZIP Code + 4 60605	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input checked="" type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name Mid America Pension Fund  Trade Name, if any  P O Box, Bldg, Room No, if any  Street 2350 E 170th Street  City Lansing  State Illinois ZIP Code + 4 60438	<b>11 a Nature of such dealing</b>  Provides consulting and actuarial services to the Fund  <b>11 b Approximate dollar value of such dealing</b> \$125,000
	<b>12 a Nature of interest held or income received</b>  The Segal Company sponsored at dinner at the International Foundation seminar in New Orleans  <b>12 b Amount</b> \$125

Name of Person Filing Bruce Madiar	File Number U-
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**Part B Continuation Page**

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<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name Baum Sigman Auerbach and Neuman, Ltd</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any Suite 2200</p> <p>Street 200 West Adams Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606-5231</p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name Mid America Pension Fund</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 2350 E 170th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p><b>11 a Nature of such dealing</b></p> <p>Provides legal services to the Pension Fund</p> <hr/> <p><b>11 b Approximate dollar value of such dealing</b> \$150,000</p> <hr/> <p><b>12 a Nature of interest held or income received</b></p> <p>Baum Sigman hosted a luncheon to discuss lock box issues with the Fund</p> <hr/> <p><b>12 b Amount</b> \$35</p>

Name of Person Filing Bruce Madlar	File Number U-
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## Part B Continuation Page

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<p>8 Name and address of Business (including trade name, if any).</p> <p>Name Comerica Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2 Mid America Plaza</p> <p>City Oak Brock Terrace</p> <p>State Illinois ZIP Code + 4 60181</p>	<p>9 Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mid America Pension Fund</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street 2350 E. 170th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p>11 a Nature of such dealing.</p> <p>Provides custodial services and record keeping for the Pension Fund</p>
	<p>11.b Approximate dollar value of such dealing \$25,000</p> <p>12.a Nature of interest held or income received.</p> <p>Hosted the Iron Workers' District Council Christmas dinner.</p> <p>12 b Amount \$170</p>



Name of Person Filing <u>Bruce Madiar</u>	File Number U-
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## Part B Continuation Page

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<p>8. Name and address of Business (including trade name if any).</p> <p>Name <u>Gregorio &amp; Associates</u></p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>Two North LaSalle Street</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60602</u></p>	<p>9. Business deals with.</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9 b. or 9 c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a. Nature of such dealing</p> <p><u>Provides legal services.</u></p> <p>11 b. Approximate dollar value of such dealing. <u>\$48,000</u></p> <p>12 a. Nature of interest held or income received.</p> <p><u>Received steaks at Christmas</u></p> <p>12 b. Amount <u>\$150</u></p>